

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Wayne Allen Beahm

(Enter above the full name of the plaintiff or plaintiffs in this action).

VERSUS

CIVIL ACTION NO. 5:21-cv-00547
(Number to be assigned by Court)

See Attachment

(Enter above the full name of the defendant or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: FCI Beckley P.O. Box 350 BEAVER, WV.
25813

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No _____

C. If you answer is YES:

1. What steps did you take? I filed Informal Resolution Form (Copy enclosed).
2. What was the result? I filed the BP#9 and was told, I wouldn't be allowed to continue.

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Wayne Allen Beahm 70513-083

Address: FCI Beckley P.O. Box 350 BEAVER, WV.
25813

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: See Attachment

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Attachment

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I would like compensation for all of my medical expenses, pain, and suffering due to this shoulder injury. I would be willing to settle for two million dollars at this point.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes No _____

If so, state the name(s) and address(es) of each lawyer contacted:

The Segal Law Firm 810 Kanawha Blvd. Charleston, WV,
West Law Firm 1514 Kanawha Blvd. Charleston, WV.

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No

If so, state the lawyer's name and address:

Signed this 4th day of October, 2021.

Wayne Allen Beahm
Signature of Plaintiff or Plaintiffs 70513-083

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10 - 4 - 2021.
(Date)

Wayne Allen Beahm 70513-083
Signature of Movant/Plaintiff

Signature of Attorney
(if any)

BEC-1330.18a
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM
FCI BECKLEY, WEST VIRGINIA

Section 1 - To be completed by the Unit Counselor at the time inmate requests Administrative Remedy (Informal Resolution Form).

NOTICE TO INMATE: You are advised that normally prior to filing a Request for Administrative Remedy, BP-299(13), you must attempt to informally resolve your complaint through your Correctional Counselor.

Inmate Name: Wayne Beahm Register Number: 70513-083

Assigned Unit: DBL Counselor: Mr. Bowyer

Date of Request: 8-23-2021 Date of Incident: 11-15-2019

Specific Complaint: Deliberate Indifference- Medical issue,
see Attachment

State what actions you have made to informally resolve your complaint:

I have discuss and informed Mr. Bowyer
of my situation.

State what resolution you expect:

I would like to be compensated for my injury.
See Attachment for additional information.

Correctional Counselor's Comments (Steps to Resolve with Department):

EVAL on 11/14/19 X-ray on 11-19-19 with normal
results. No further intervention was needed.
WAS documented in MEDICAL FILE. NO GROUNDS FOR
CLAIM.

Informal Resolution was/was not accomplished: Yes or No (Circle One)

Inmate's Signature: Wayne Beahm Date: 9-1-2021

Counselor's Signature: [Signature] Date: 9-1-2021

Unit Manager's Review of Informal Resolution and BP-9 Form:

Unit Manager's Signature: [Signature] Date: 9-1-21

C. Defendants:

D.L. Young - Warden - *FCI Beckley

P. Boulet - Associate Warden - *FCI Beckley

B. Fain - Medical Administrator - *FCI Beckley

Roger Edwards - Doctor - *FCI Beckley

S. Vest - FNP Medical PA. - *FCI Beckley

J. Dotson - Physical Therapist - *FCI Beckley

S. Phipps - Unicor Manager - *FCI Beckley

M. Gibson - Unicor Supervisor - *FCI Beckley

R. Brotrell - Safety Manager - *FCI Beckley

Federal Correctional Institution Beckley

(*) The following Abbreviation is used:
Federal Correctional Institution Beckley
FCI Beckley

IV. Statement of Claim

On the 15th day of November, I fell while removing cardboard that someone disregarded in my work area at Unicor section #6. This accident happened shortly after lunch. When I fell, I felt extreme pain in my right shoulder. I finished removing the cardboard and then told Mr. Gibson, I'd injured my right shoulder. He asked how I was and I told him I wasn't sure but I think I'll be alright.

However, that evening my shoulder continued to get worse and I noticed severe bruising. Upon waking up on the 18th day of November 2019, my right arm was black and blue from shoulder to elbow, so I went directly to sick call. While I was turning in my sickcall slip, I showed my bruised arm to a male nurse. They explained that I would be put on sickcall callout. I was then called to sickcall on November 27, 2019 and they scheduled an X-ray.

On March 24, 2020 I went to see FCI Safety manager, Mr. Brotrell. I asked Mr. Brotrell, had he received a report of my injury at Unicor. Mr. Brotrell stated, I have no records of one. He stated, I will speak to your supervisor Mr. M. Gibson.

Unicor manager Ms. Phipps and Safety manager came to my cell with AN accident report on April 21, 2020. Both managers requested me to briefly state how accident occurred. Both managers stated, put 11-4-2019 on this document. Immediately, I responded to them both, that the date that I fell was definitely 11-15-2019. I explained to both managers that medical filed the accident date as 11-15-2019 over 5 months Ago.

On the 18th day of November 2019, I Went to sick call for treatment. On or about the 27th day of November, I was seen by Mr. Vest and I was in extreme pain. My PA, Mr. Vest sent me to see physical therapist Tukey Dotson MS. P.T. Mr. Dotson explained to Edwards, Roger DO, - that Mr. BEAHM's rotator cuff was torn. Mr. Dotson stated, he was 100% sure that Beahms right shoulder-rotator cuff was torn. Unicor factory. Mr. Vest ordered an x-ray be done at FCI Beckley.

Mr. Edwards stated, this was not an emergency. Although my arm was black and blue and could hardly move my arm.

IV. Statement of Claim

Finally, a MRI truck entered FCI Beckley on report date signed 1-25-2021, Dr. Whitfield, ortho surgeon examined me here at FCI Beckley. I do not have my medical records. I was taken to Dr. Gordon Holen's office, I told Dr. Holen, I wanted my shoulder fixed.

ON 4-19-2021 Dr. Holen did surgery on me at Raleigh General hospital-Beckley, W.V. Dr. Holen stated, I can not repair your shoulder after surgery - due to the long length of time, Dr. Holen stated, I could have repaired your right shoulder. When the accident first occurred on 11-15-2019.

Medical documented these dates and Mr. Jukey Dotson M.S.P.T. documented my visits, P.A. Mr. Vest documented the date of injury WAS 11-15-2019.

On 4-19-2021 Dr. Holen did the surgery. I was devastated over my permanent injury on this day - first knowledge of shoulder replacement,

PRIVACY ACT REQUEST/FREEDOM OF INFORMATION ACT
REQUEST

Consolidated Legal Center
FCI Beckley

Dear Sir or Madam:

This will request disclosure of copies of information, records, and other materials relating to me, including materials identified by or in reference to a personal identifier assigned to my name, contained within the files of your agency, including but not limited to the agency files (identify the name and number of the system of record, if known; if not, identify the type of record kept, or reason for the agency retention of it, or purpose of the individual submission to the agency, and dates, etc.):

See Attachment

I specifically request that this letter be treated under both the Freedom of Information Act, 5 U.S.C. § 552 et seq., and the Privacy Act, 5 U.S.C. § 552a et seq., to permit me maximum access to the available records within ten working days after your receipt of it.

I agree to pay reasonable charges for search and copying pursuant to regulations of the agency and terms of the statutes. If any material is deemed to be exempt, I request a specific statement of the portion deleted or withheld, a full statement of the reasons for the refusal, and specific citation of statutory authority for the denial.

I look forward to your response within ten days or earlier if possible. Thank you.

Sincerely,

Wayne Allen Beahm
FCI Beckley
P.O. Box 350
Beaver, WV 25813

This the 4th day of October, 2021.

Attachment

Camera

1. Video of accident on 11-15-2019 in Unicor, I fell removing cardboard between 11 AM and 2:30 pm. Location of accident in Section #6 boxing to confirm my statement of claim.
2. Video of me being taken out of my cell #216 OAK B Lower by Mr. Brotrell and Mrs. Phipps on April 31, 2020 at approximately 10 AM to 2 pm to sign predicated accident report to confirm my statement of claim.
3. I went to medical sickcall on November 18, 2019 - I was seen by Mr. Vest on 11-27-2019. I need all my medical records pertaining to my shoulder injury from 11-18-2019 to the present. All medical logs showing visits.

OBL-216

CONSULTATION REPORT

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Name: Beahm, Wayne Allen Reg. #: 70513-083 DOB:	Referred By: Attending: HOLEN, GORDON	
CHIEF COMPLAINT: Followup.		
Date of Visit: 06/15/2021	Dictation Received: 06/20/2021	Dictation Transcribed: 06/20/2021

Sensitive but Unclassified

Date of surgery 04/19/2021.

HISTORY OF PRESENT ILLNESS: Wayne is a 69-year-old gentleman here at FCI. He had undergone a right shoulder scope decompression - Mumford and debridement of an irreparable rotator cuff tear. He states that he is doing reasonably well. He states that he likes to be as active as possible and that he can actually do quite a number of pushups.

PHYSICAL EXAMINATION: Reveals a very pleasant 59-year-old gentleman who is slightly younger than his stated age. Arthroscopic portals are well healed. Grossly neurologically intact. He has active forward elevation 90/140, passive to about 100.

IMPRESSION:

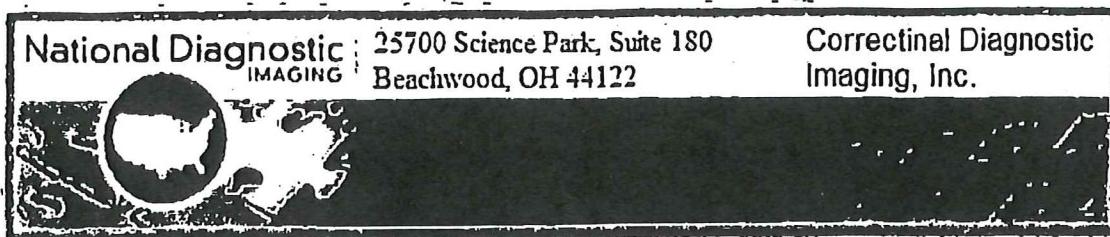
1. Status post right shoulder arthroscopy 04/19/2021 with subacromial decompression, Mumford acromioplasty, partial synovectomy, chondroplasty, and debridement of irreparable rotator cuff tear.
2. Hyperthyroidism.
3. Hypertension.
4. Neuropathy.
5. Chronic pain syndrome.
6. GERD.
7. Type 2 diabetes.
8. Hyperlipidemia.

PLAN: I again reviewed the surgical findings with him and discussed his underlying pathology. He does have weakness and limited mobility; however, he is incredibly active and functional with that arm despite these underlying issues. I explained to him that definitive treatment for his underlying condition would be a reverse total shoulder arthroplasty. I explained that procedure in detail as well as the expected recovery and course. I explained to him that there would be limitations put on him afterward, and I would not want him doing pushups. He is most interested in trying to continue to stay as active and healthy as possible. At this point, with the symptoms that he is having and the fact that he is incredibly functional, we both agree that we would hold off on any surgery at this time, unless his pain was to significantly increase and worsen. Be happy to recheck him back on an as-needed basis.

Signature: Gordon Holen, MD	Location of Facility: FCI Beckley
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GH
Job No: 420621 MT 0960

DOB 10/11/51 Beahm, Wayne
FCI-Breckley # 70513-083



NAME: WAYNE A BEAHM

PATIENT NUMBER: 70513-083

REF. PHYSICIAN:

STUDY DATE: 1/22/2021

DATE OF BIRTH: 1951-10-11

GENDER: M

EXAM: MRI RT SHOULDER WOC

CLINICAL HISTORY: *UNABLE TO HOLD STILL, MOTION ARTIFACT*
SHOULDER PAIN, WEAKNESS FROM FALL 11/19, R/O ROTATOR CUFF INJURY

INDICATIONS: This patient has shoulder pain and limited range of motion and there is the possibility of a rotator cuff tear.

PROCEDURE: Axial, coronal, and sagittal T1, T2, inversion recovery and/or gradient echo sequences were performed.

FINDINGS: The subscapularis, infraspinatus and teres minor muscles and tendons appear unremarkable.

The glenohumeral joint shows no pathology. The visualized glenoid labrum is unremarkable.

There is a full-thickness, full width tear of the supraspinatus tendon. The myotendinous junction has retracted approximately 11 mm proximal to the glenohumeral joint. There is superior migration of the humeral head which is abutting the acromion process.

There is prominent spurring at the acromioclavicular joint consistent with the clinical diagnosis of impingement syndrome.

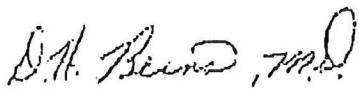
The long head of the biceps tendon displaced medially outside of the bicipital groove. The short head of the biceps tendon remains intact.

There is no acute bony pathology seen.

IMPRESSION: There is a complete tear of the supraspinatus tendon with proximal retraction of the myotendinous junction and superior migration of the humeral head within the glenoid fossa.

Prominent spurring at the acromioclavicular joint consistent with the clinical diagnosis of impingement syndrome.

The long head of the biceps tendon is displaced medially outside of the bicipital groove appearing in the anterior portion of the glenohumeral joint.



D. H. Berns, M.D.

Medical Director of NDI

DB/DB

Electronically Signed by and Verified

Date Report Signed: 1/25/2021 5:23:08 PM

Service & Support: 1-800-950-5257 or 216-514-1199

BP-A0140

JUNE 10

U.S. DEPARTMENT OF JUSTICE**INJURY REPORT - INMATE - PART 1 CDFRM****FEDERAL BUREAU OF PRISONS**

E DISTRIBUTION AND SPECIAL INSTRUCTION AT THE TOP OF THE NEXT PAGE FOR INMATE COPY

1. Institution FCI BECKLEY	2. Name of Injured Beahm, Wayne	3. Register Number 70513-083
4. Injured's Duty Assignment Unicor 6	5. Injured's Duty Hours 7:30am to 3:15pm	6. Date and Time of Injury 11-4-2019 2:00pm
7. Where Did Injury Happen (be specific as to location) Unicor factory, Boxing section	8. Date and Time Injury Was Reported 11-4-2019 2:15pm	

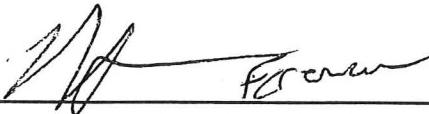
9. In Your Opinion, Was This Injury: (a) <input type="checkbox"/> Work Related (b) <input type="checkbox"/> Institution <input type="checkbox"/> Industry <input type="checkbox"/> Recreation <input checked="" type="checkbox"/> Other (explain) Didn't see the incident of the injury		<input type="checkbox"/> Non Work Related <input type="checkbox"/> Program or Activity
10. To Whom Was Injury First Reported Foreman M. Gibson	11. Part of Body Involved (left knee, etc.) Right shoulder, Arm	12. Kind of Injury (burn, cut, etc.) Fell on shoulder
13. Injured's alleged Witnesses to Injury (staff and inmates) N/A		
14. Injured's Brief Statement As To How Injury Happened. Include Injured's Recommendation for Prevention. (Continue on additional blank sheets, if necessary.)		

● Injured's Signature and Date:

15. Supervisor's Statement - Must Include: a. Job Training Record, b. Safety Equipment Provided, c. Whether Safety Equipment In Use, d. Whether Proper Guarding Used, e. Corrective Action Taken. (Continue on additional blank sheets, if necessary)

At approximately 2:15pm Inmate Worker #70513-083 Beahm, Wayne reported to me that he fell on his arm in the boxing section. I asked Inmate Beahm if he was ok and needed to go to medical. Inmate Beahm said that he was ok and he believed he would be fine.

● Supervisor's Signature, Title and Date:


11-4-2019
NOTICE

If you sustained an injury as a result of a work assignment, and feel you have some degree of impairment at the time of your release from federal custody, you may file a claim for Inmate Accident Compensation. Claims may not be filed until 30 days prior to release or transfer to a Community Treatment Center. Claims must be made within 60 days following release from the institution when circumstances preclude submission prior to release.

To file a claim you must contact the Institution's Safety Manager not less than 30 days prior to your release or transfer to a community Treatment Center. The Safety Manager will assist you in completing your claim and will arrange to have your injury medically evaluated.

Refusal of appropriate medical treatment or failure to file a claim prior to release or transfer to a Community Treatment Center may result in forfeiture of accident compensation benefits resulting from your injury. Failure to submit to a final physical examination in connection with an Inmate Accident Compensation Claim shall result in the forfeiture of all rights to compensation benefits and future medical treatment.

Record Copy - Inmate file; Copy - Safety Office; Copy - Inmate

BP-A0140

JUNE 10

U.S. DEPARTMENT OF JUSTICE

INJURY REPORT - INMATE - PART 1 CDFRM

FEDERAL BUREAU OF PRISONS

E DISTRIBUTION AND SPECIAL INSTRUCTION AT THE TOP OF THE NEXT PAGE FOR INMATE COPY

1. Institution FCI BECKLEY	2. Name of Injured Beahm, Wayne	3. Register Number 70513-083
4. Injured's Duty Assignment Unicor 6	5. Injured's Duty Hours 7:30am to 3:15pm	6. Date and Time of Injury 11-4-2019 2:00pm
7. Where Did Injury Happen (be specific as to location) Unicor factory, Boxing section	8. Date and Time Injury Was Reported 11-4-2019 2:15pm	

9. In Your Opinion, Was This Injury: (a) Work Related Non Work Related
 (b) Institution Industry Recreation Program or Activity
 Other (explain) Didn't see the incident of the injury

10. To Whom Was Injury First Reported Foreman M. Gibson	11. Part of Body Involved (left knee, etc.) Right shoulder, Arm	12. Kind of Injury (burn, cut, etc.) Fell on shoulder
--	--	--

13. Injured's alleged Witnesses to Injury (staff and inmates)
N/A

14. Injured's Brief Statement As To How Injury Happened. Include Injured's Recommendation for Prevention. (Continue on additional blank sheets, if necessary.)

Putting cardboard on top of pallet - The dolly took off and threw me to the floor, landing on my right shoulder.

● Injured's Signature and Date: *Wayne Beahm 11-4-2019*

15. Supervisor's Statement - Must Include: a. Job Training Record, b. Safety Equipment Provided, c. Whether Safety Equipment In Use, d. Whether Proper Guarding Used, e. Corrective Action Taken. (Continue on additional blank sheets, if necessary)

At approximately 2:15pm Inmate Worker #70513-083 Beahm, Wayne reported to me that he fell on his arm in the boxing section. I asked Inmate Beahm if he was ok and needed to go to medical. Inmate Beahm said that he was ok and he believed he would be fine.

● Supervisor's Signature, Title and Date:

16. Medical Description of Injury Severe pain to right shoulder.	17. This Injury Required: a. <input checked="" type="checkbox"/> No Medical Attention b. <input type="checkbox"/> Minor First Aid c. <input type="checkbox"/> Hospitalization - from _____ to _____ d. <input type="checkbox"/> Work Time Lost - from _____ to _____ e. <input type="checkbox"/> Other (explain) Total Lost Time Days: 0
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Record Copy - Inmate file; Copy - Safety Office; Copy - Inmate

BP-A0140

JUNE 10

INJURY - LOST - TIME FOLLOW-UP - PART 2 CDFRM

U.S. DEPARTMENT OF JUSTICE**FEDERAL BUREAU OF PRISONS**

ME Beahm, Wayne REG. NO. 70513-083
 RE: INJURY OF 11/04/2019
 Date _____

1. (Witnesses Statement) Use Additional Sheets of Plain Paper if Necessary.

RECOMMENDATION FOR PREVENTION _____

Witness Signature	Reg. No. or Title	Date
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2. (Department Head's Statement)

Upholstery Worker Foreman Matthew Gibson reported to me that Inmate Worker #70513-083 Beahm, Wayne, had fell on his arm in the boxing section and he didn't need to go to medical because he felt he was fine. I have had a discussion with inmate Beahm about safety and my concern with his fall.

FOLLOW-UP OR CORRECTION ACTION TAKEN Discussed with inmate Beahm about safety and concern of wellbeing.

<u>Shawn Phillips</u> Department Head	Factory Manager	<u>11-4-2019</u> Date
	Title	

(Safety Manager's Comments)

When an inmate is injured on the job, as staff we shouldn't take the chance and give the inmate the option to go to medical. We should have the inmate report to medical for an evaluation.

<u>T. K. E.</u> Safety Manager	<u>4-24-2020</u> Date
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4. (Safety Committee Review-Comments)

P. Boarder
Associate Warden's Signature

4-24-20
Date

NAME Beahm, Wayne REG. NO. 70513-083

RE: INJURY OF 11/04/2019
Date _____

5. The Institution Safety Committee has reviewed the report of your injury and is their opinion that your injury was work related.

The Institution Safety Committee has reviewed the report of your injury and it is their opinion that your injury was not work related.

The final determination of the work relatedness of this injury is subject to review by the Inmate Accident Compensation Committee upon the filing of a claim for Inmate Accident Compensation due to a physical impairment resulting from the injury.

T. K. E.
Safety Manager

4-24-2020
Date

Record Copy - Inmate file; Copy - Safety Office; Copy - Inmate



September 8, 2021

Via Certified United States Mail Returned Receipt Requested

Wayne Allen Beahm Inmate # 70513-083
FCI Beckley
1600 Industrial Road
Beaver, WV 25813

Re: Potential Claim for Injuries at FCI Beckley

Dear Mr. Wayne Allen Beahm:

I would like to thank you for contacting my office regarding a potential claim involving an injury you received while incarcerated at FCI Beckley. After reviewing the information and documents you provided to my office, we have determined that we are unable to proceed with a civil action on your behalf and are declining to take the case. This will confirm that our office has determined that we are unable to proceed in representing you with regard to any claims from the incidents alleged to have occurred at FCI Beckley during your incarceration. Therefore, Forbes Law Offices, PLLC will not be pursuing a civil action on your behalf and will not be representing you.

Please understand that we will not be representing you in this matter and should you wish to pursue a claim, you should contact another attorney or pursue the matter on your own, pro se, but be advised that if any applicable statute of limitations expire you will be precluded from bringing any action against any parties or entities relating to these incidents. This will confirm that neither myself nor any attorneys in this office will be representing you in any matters. Per your request I am enclosing the documents you previously provided to our office for review.

We wish you the best in your future endeavors. Also, we handle a broad range of cases and in the event you would ever have another matter that you would wish to discuss in the future, please do not hesitate to contact our office.

Very truly yours,


W. Jesse Forbes

WJF: mpr
Enclosure

WILLIAM C. FORBES, Attorney at Law

wcforbes@forbeslawwww.com

W. JESSE FORBES, Attorney at Law

wjforbes@forbeslawwww.com

PAUL D. ELLIS, Esq., Of Counsel

pellis@forbeslawwww.com

1118 Kanawha Boulevard East • Charleston, WV 25301

P: (304) 343-4050 • F: (304) 343-7450

www.forbeslawwww.com

Wayne ALLEN BEAHM

Plaintiff

Defendants

Federal Correctional Institution Beckley

D.L. Young - Warden

P. Boulet - Associate Warden

B. Fain - Medical Administrator

R. Edwards - Doctor

S. VEST - FNP Medical

J. Dotson - Physical Therapist

S. Phipps - Unicor Manager

M. Gibson - Unicor Supervisor

R. Brotrell - Safety Manager

Certificate Of Service

I, Wayne Allen BEAHM hereby
certify that on 10-4-2021
Filed the enclosed suit by
United States Postal Service,
With the Clerk of the Court for
the Southern District of West Virginia.
Also enclosed is a copy for each
of above named Defendants, and
one copy for myself with a
self addressed U.S. postage paid
envelope.

Wayne Allen BEAHM, pro se
Wayne Allen Beahm
10-4-2021

Certificate of Service Amendment

Clerk of The Court:

Please be advised that the enclosed
suit is the only copy I was
able to send due to restrictions
here at FCI Beckley at this
time. FCI Beckley administration
has locked the copy room. Please
let me know if there is any extra
charge for you to supply copies
for all of the Defendants and myself.

Thank You,
Wayne Beahm
Wayne Beahm

10-4-2021
70513 - 083

Wayne Allen Keay
Federal Correctional Institution Beckley
P.O. Box 350
Beaver, WV
25813



Clerk, United States District Court
110 North Heber Street, Room 119
Beckley, WV
25801

Legal Mail

